

COVER PAGE

Filed Date: 01/03/2018 12:31 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gilbert Peter S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Lincoln

Division, Board, Department, District, if applicable

Your Position

City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Lincoln ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is ____/____/____, through December 31, 2017.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Leaving Office:** Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2017, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

Schedules attached

- ☐ Schedule A-1 - Investments – schedule attached ☒ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule A-2 - Investments – schedule attached ☒ Schedule D - Income – Gifts – schedule attached
☒ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/03/2018 12:31 PM
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Peter Gilbert

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

2023 Caravelle Court

CITY

Lincoln

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/17 ____/____/17
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/17 ____/____/17
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Peter Gilbert

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME City of Lincoln	NAME OF SOURCE OF INCOME County of Placer
ADDRESS (Business Address Acceptable) 600 6th Street, Lincoln, Ca 95648	ADDRESS (Business Address Acceptable) 2021 Opportunity Drive, Roseville, CA 95678
BUSINESS ACTIVITY, IF ANY, OF SOURCE City Council	BUSINESS ACTIVITY, IF ANY, OF SOURCE Mosquito District
YOUR BUSINESS POSITION Councilman	YOUR BUSINESS POSITION Director
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D Income – Gifts

Name

Peter Gilbert

► NAME OF SOURCE *(Not an Acronym)*

Hefner Law

ADDRESS *(Business Address Acceptable)*

2150 River Plaza Drive #450 Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 17	\$ 368.00	Dinner self/wife
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

Dignity Health/Western Health Advent

ADDRESS *(Business Address Acceptable)*

3400 Data Drive, Rancho Cordova, CA 95670

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care/construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 48.12	Breakfast self/wife
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

Easton Development Co.

ADDRESS *(Business Address Acceptable)*

1180 Iron Point Road, Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Lamd Sevelopment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 48.12	Breakfast/self/wife
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

Western Health Development

ADDRESS *(Business Address Acceptable)*

2349 Gateway Oaks, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 48.12	Breakfast/self/wife
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

Pacific Gas and Electric

ADDRESS *(Business Address Acceptable)*

5100 Sierra College Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Utility Co.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 131.14	Ballgame/self/wife
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► NAME OF SOURCE *(Not an Acronym)*

Bank of America

ADDRESS *(Business Address Acceptable)*

5100 Sierra College Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 131.14	Ballgame/self/wife
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

Name

Peter Gilbert

SCHEDULE D **Income – Gifts**

NAME OF SOURCE (Not an Acronym)

Kaiser Permanente

ADDRESS (Business Address Acceptable)

6600 Bracewell Road, Sacramento, CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 419.06	Dinner/self/wife
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

Sutter Health

ADDRESS (Business Address Acceptable)

2200 River Plaza, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 17	\$ 134.45	Dinner/self/wife
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

Teichert Construction Services

ADDRESS (Business Address Acceptable)

3500 American River Drive, Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 01 / 17	\$ 134.45	Breakfast/self/wife
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

Western Health Development

ADDRESS (Business Address Acceptable)

2349 Gateway Oaks, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 48.12	Breakfast/self/wife
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

Placer Ranch

ADDRESS (Business Address Acceptable)

5100 Sierra College Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Property Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 131.14	Ballgame/self/wife
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

Kronick, Moskowitz, Tiedmann & Gerard

ADDRESS (Business Address Acceptable)

5100 Sierra College Blvd

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 17	\$ 131.14	Ballgame/self/wife
/ /	\$	
/ /	\$	

Comments: